U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Har Only
1. File Number U - 28/0

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Louis C Blauth	Name GCIU Local 24
	Labor Organization File Number 025-785
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1825 Boulevard of the Allies	Street 1825 Boulevard of the Allies
City Pittsburgh	City Pittsburgh
State PA ZIP Code + 4 15219	State PA ZIP Code +4 15219
. Position in labor organization. President	
Free-consists data haloud during the confident uses you assure as	
	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with, o nonetary value from an employer whose employees your organiza	or derived income or other economic benefit of
	ation represents or is actively seeking to represent.
i. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
S. Name and address of Employer (including trade name, if any). Name	
Name Trade Name, if any:	
Name	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
P.O. Box. Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Louis C. Blauth	File Number U- 28/0
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	a. Labor Organization b. Trust c. Employer
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Jubelirer, Pass & Intrieri, P.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a Nature of payment Christmas gift of food and beverage valued at \$50.00 from law firm who represents GCIU Local 24.
Street 219 Fort Pitt Boulevard	

15222

14.b. Amount of payment.

ZIP Code + 4

or Consultant

State

Pittsburgh

13.b. is the Business an Employer X

\$50.00